

**APPLICATION
FOR
FACILITY OIL DISCHARGE CONTINGENCY PLAN**

This form serves as an application for initial approval of an oil discharge contingency plan (ODCP) for aboveground oil storage (AST) facilities subject to the provisions of 9VAC25-91-170. The facility operator must complete and submit this application no later than 90 days prior to commencement of operations. **The operator must receive ODCP approval before commencing operations.**

A fee is required to be paid upon initial submittal of an ODCP as noted below.

FACILITY AST CAPACITY (gallons)	Fee
25,000 – 100,000	\$718
Greater than 100,000 – less than 1,000,000	\$2,155
1,000,000 and greater	\$3,353

This application form along with applicable fee and the plan itself must be submitted to:
Department of Environmental Quality
Office of Financial Management
P. O. Box 1104
Richmond, VA 23218.

After initial ODCP submittal and approval, ODCP renewal applications as well as additions, deletions, or changes to the plan must be submitted directly to the appropriate DEQ regional office and are not subject to the administrative fee.

Facility Name: _____ Operator Name: _____

Facility Address: _____ Operator Address: _____

Facility Phone: _____ Operator Phone: _____

Facility AST Capacity: _____ (gallons) Facility # of Tanks: _____

If facility is a registered facility with a DEQ assigned facility ID number, please provide below:

Facility ID Number: _____

*** **(The completed application is to be signed by the facility operator and notarized on page 2.)** ***



State Use Only

Date Received: _____

Fac ID Number: _____

Reviewed by: _____

Date Reviewed: _____

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

(Name of Operator)

(Signature)

(Date Signed)

1. When the operator is an **individual** acting in his own right:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this _____ day of _____, 20____, by

(Name of Individual)

Notary Public _____ My Commission Expires: _____

2. When the operator is an individual acting on behalf of a **corporation**:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this _____ day of _____, 20____, by

(Name of Individual) *who is* _____
(Title)

of _____, a _____ corporation
(Name of Corporation) (State of Incorporation)
on behalf of the corporation.

Notary Public _____ My Commission Expires: _____

3. When the operator is an individual acting on behalf of a **municipality, state, federal or other public agency:**

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this _____ day of _____, 20____, by

(Name of Individual) *who is* _____
(Title)

on behalf of _____
(Municipality, State, Federal or other agency)

Notary Public _____ My Commission Expires: _____

4. When the operator is an individual acting on behalf of a **partnership**:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this _____ day of _____, 20____, by

_____, a general partner on behalf of
(Name of Individual))

_____, a partnership.
(Name of Partnership)

Notary Public _____ My Commission Expires: _____